

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076 Registrar's No. 2295	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>419 North Ash Street</u>				d. STREET ADDRESS (If rural, give location) <u>419 North Ash Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Corra</u>		b. (Middle) <u>Dell</u>		c. (Last) <u>Hardin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 15, 1858</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> IF UNDER 12 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>B. W. Seward</u>		13b. MOTHER'S MAIDEN NAME <u>Almira Burns</u>		14. NAME OF HUSBAND OR WIFE <u>John A. Hardin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lee Sumner</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. &amp; Cerebral arteriosclerosis</u> DUE TO (c) <u>  </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>  </u>			
19a. DATE OF OPERATION <u>  </u>		19b. MAJOR FINDINGS OF OPERATION <u>  </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>  </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>  </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>  </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>  </u>		21f. HOW DID INJURY OCCUR? <u>  </u>	
22. I hereby certify that I attended the deceased from <u>1-5</u> , 19 <u>49</u> , to <u>1-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>49</u> , and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. B. Becken, M.D.</u>		23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>1-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 5, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>1/7/49</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Young</u>			
25. FUNERAL DIRECTOR'S ADDRESS <u>Eldorado Springs, Mo.</u>					

Licensed Embalmer's Statement on Reverse Side

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1574

Date Filed 2-10-49

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.